

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <u>591830841</u>	FILING DATE		
						APPLICANT(S)			
						CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51			
2			1			52			
3			1			53			
4			1			54			
5			1			55			
6			1			56			
7			1			57			
8			1			58			
9			1			59			
10			1			60			
11			1			61			
12			1			62			
13			1			63			
14			1			64			
15			1			65			
16			1			66			
17			1			67			
18			1			68			
19			1			69			
20			1			70			
21			1			71			
22			1			72			
23			1			73			
24			1			74			
25			1			75			
26			1			76			
27			1			77			
28			1			78			
29			1			79			
30			1			80			
31			1			81			
32			1			82			
33			1			83			
34			1			84			
35			1			85			
36			1			86			
37			1			87			
38			1			88			
39			1			89			
40			1			90			
41			1			91			
42			1			92			
43			1			93			
44			1			94			
45			1			95			
46			1			96			
47			1			97			
48			1			98			
49			1			99			
50			1			100			
TOTAL IND.						TOTAL IND.			
TOTAL DEP.			24			TOTAL DEP.			
TOTAL CLAIMS		05				TOTAL CLAIMS			

PTO-1380 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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